STATE OF C		SE CLAIM		<b>6</b>	1								B-	46		
		(REV. 04/95)				ons and *Pri Reverse S				Page of Pages						
		(REV. 04/95)		Stat	tement On	<del></del>		UMPCD:					rayes			
CLAIMANTS		nhausen				SSAN OR EMPLOYEE NUMBER*						DEPARTMENT California Emergency Management				
POSITION	N. Detter	mausen		CB/ID NUM	RER	DIVISION O	R BURFAU			Odine	Jillia Lili	INDEX NUMB				
Secretar	/		E99			Executiv						INDEX NOMBER				
RESIDENCE 2908 We	•	#312					TERS ADDR					TELEPHONE NI 916-324-8	100 NUMBER 1324-8908			
CITY			STATE 'ZIP CODE			CITY				STATE			ZIP CODE			
Sacrame	nto		CA		95833	Mather						CA		95655		
(1) MONTH/YE April 2009	AR	(3) LOCATION	(4)	(5)	MEALS	1	(6)	(7)	TRAN (B)	(C)	N T	(D)	(8)	(9)		
(2) WHERE EXPENSES WERE INCURRED		WHERE EXPENSES	LODGING	BREAK-		O.T., L/T, N/C, RELO.	INCIDEN-	COST OF	TYPE	CARFFARE	PRIVATE CAR USE		BUSINESS	TOTAL		
DATE	TIME	WERE INCORRED		FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY		
	Annual Control	Sacramento to	-						PC	-		1000000000			-3	
1-Apr	9:45	Albuquerque	\$ 90.20	/	\$ 10.00	\$ 18.00	/		RC					\$ 118.20	-	
2-Apr		Albuquerque	\$ 90.201	\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00	2	RC					\$ 130.20		
		Albuquerque to				lana l	,		PC PC	27,00				\$ 68.98		
3-Apr	20:00	Sacramento		\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00	\$ 1.98	4PC	\$ -39:00				\$ _80.98		
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	-					G - 1 W	(E) 1.00									
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(10)										\$ -30.00	>			317.33	?	
	SUBTOTA	ALS	\$ 180.40	\$ 12.00	\$ 30.00	\$ 54.00	\$ 12.00	\$ 1.98	-	\$ -30.00		Tables 100 H		\$ -329.38		
COLUMN CO	DE (ACCTG	. USE ONLY)								5		多。因為				
	CLAIM TO	TAL												\$ -329.38-		
11) PURPOSE	OF TRIP, REM	MARKS AND DETAILS (Attached	receipts/voucher w	hen required)								IAL WORK HOU		317.38	,	
Attended Ho	meland Se	curity and Defense Exec	cutive Advisory	Board me	eting.							9:00 - 6:	OO CENSE NUMBER	801110		
<u> </u>			33								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
-												GE RATE CLAIR				
												48.5¢/M	lie			
												CY ACCOU	NTING OFFICE			
													ONLY JND CHECK NUMBE			
-						- Commercial Commercia					FAID BY	ALTOLVING PL	GIEGE NUMBE			
a privately owne	d vehicle was per	bove is a true statement of the trave 60, and If milage rates exceed the mi	inimun rate, I certify th	e cost of opera	ting the vehicle	was equal to ordi	eater than the rat			,						
laimed, and that I	have metathe rec	puirements as prescribed by SAM-69	htion 0750, 0751, 0752	0753, and 075	4 pertaining to v	ehicle safel	est helt usage.		,	-	1		IDATE			
DL → .			1	DATE							983		Sh.O.	1,200%	7	
· ·	E AND TITLE	OF AUTHOR FOR SPECIAL	FACEL TO	tern 17 on re	verse)	7_		52			_		DATE	1,00		
,	- mica	TON GFECIAL		17 51110		_							1			

(17) SIGNATURE AND TITLE OF AUTHOR

STATE OF CALIFORNIA

TRAVEL	EXPEN	SE CLAIM		Se	e Instructi	ons and *P	rivacy								1
ELECTRONIC STD. 262 (REV. 04/95)				Sta	tement O	n Reverse S				Page of Pages					
CLAIMANT'S NAME						SSAN OR	EMPLOYEE I	NUMBER*			DEPARTMENT				
Matthew	R. Bette	nhausen											neraency M	anagemer	IT A
POSITION				CB/ID NUM	MBER	DIVISION O	OR BUREAU			4565 14.154	California Emergency Manag				Ť
Secretary RESIDENCE*				E99		Executiv									
2908 Weald Way, #312						3650 Sc	RTERS ADD Chriever A	RESS IVe.			TELEPHONE NUMBER 916-324-8908				
CITY Sacramento		STATE ZIP CODE CA 95833			CITY Mather					STATE ZIP CODE CA 95655					
(1) MONTHY		(3) LOCATION	(4)	(5)	MEALS	Iwatrici	(6)	(7)	TRAN	SPORTATIO			(8)	95655 (9)	
April 2009		LOCATION WHERE EXPENSES	LODGING			0.T., L/T.	1	(A) (E		(C)	(D) PRIVATE CAR USE		1 10		
DATE	TIME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE	CAREFARE TOLLS, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	EXPENSI FOR DAY	E
16-Apr	12:35	Sacramento to DC	\$ 239.31	/	<del>\$ 10.00</del>	\$ 18.00	-	\$ 15.00	77					\$ -282.	
_17-Apr		DC to Chicago		\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00	\$ 15.00						\$ 55.	
10 Apr		Chicana													Ī
18-Apr 19-Apr	13:30	Chicago Chicago to Sacramento								\$ 26.00				\$ -20.	00
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(10)					10.00					18.00				345,	3
COLUMN COL	SUBTOTA DE (ACCTG		\$ 239.31	\$ 6.00	\$-20.00-	\$ 36.00	\$ 6.00	\$ 30.00	V0.98500	\$ -26:00				\$ 363.3	
								MARKE					(	345.	3
	DE TRIP, REM	ARKS AND DETAILS (Attached re	eceipts/voucher wh	nen required)							un Nonue	· week in the last	,	\$ -363.3	P
			Ferrorism Chief John Brennan								9:00 - 6:00				
Only claiming	g parking fo	or 2 days, Thursday and F	riday.										ENSE NUMBER		
												e rate claim 48.5¢/Mi			
											AGENO	Y ACCOUN	TING OFFICE		
											PAID BY F	USE (	ONLY ND CHECK NUMBER		
15) I HEREBY CER a privately owned laimed, and that I h	vehicle was used	ove is a true statement of the travel en i, and it is a second the minin irrement	nun rate, I certify the	cost of operation	ng the vehicle w		ater than the rate	fornia.			_				
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